

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10-581757

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
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AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

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TOTAL  
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TOTAL  
CLAIMS

13

26

29

TOTAL  
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TOTAL  
CLAIMS